



Nevada Department  
of Agriculture

### **REQUIREMENTS TO BECOME A REGISTERED SERVICE AGENCY**

1. Complete application (form WM-RSA-01) **Only one application per Service Agency**
2. **Each service/repairman MUST complete and sign each of the following forms:**
  - a. Placed in Service Procedure Acknowledgement (form WM-RSA-02)
  - b. Report of Existence of Nevada Business License (form WM-RSA-03)
  - c. Child Support Information (form WM-RSA-04)
3. Submit to the Department of Agriculture, Division of Measurement Standards, a list of certified standards or testing equipment. All standards must meet the specifications of N.I.S.T. Handbook, 105 series. These standards and equipment may be certified by the State of Nevada Metrologist, or alternate sources of certification may be authorized if the certification is performed by a laboratory qualified with traceability to National Institute of Standards and Technology.

The fees are:

- Registration of the Service Agency \$100.00
- Registration of each service/repairman \$20.00

4. Acceptable forms of payment: Credit/ Debit Card, Check, Money Order and/or Cash
5. Return completed information and payment to: Attn: Deana Moscato  
2300 MCLEOD STREET - Or - FAX 702-668-4567 -Or- email: [d.moscato@agri.nv.gov](mailto:d.moscato@agri.nv.gov)  
LAS VEGAS, NV 89104
6. Obtain copies of National Conference on Weights and Measures Handbook 44 and publication #14.
7. Must be knowledgeable of applicable Nevada Revised Statutes and Administrative Codes.
8. Fill out Placed-In-Service reports completely, when submitting to the Weights and Measures office and within 24 hours.

#### **SOUTHERN OFFICE**

2300 MCLEOD STREET  
LAS VEGAS, NV 89104  
PHONE: 702-668-4546  
FAX: 702-668-4567

#### **NORTHERN OFFICE**

2150 FRAZER AVENUE  
SPARKS, NV 89431  
PHONE: 775-353-3782  
FAX 775-353-3798



Nevada Department  
of Agriculture

**NEVADA DEPARTMENT OF AGRICULTURE  
DIVISION OF MEASUREMENT STANDARDS  
BUREAU OF WEIGHTS AND MEASURES  
REGISTERED SERVICE AGENCY APPLICATION**

**OFFICE USE ONLY**

RSA # \_\_\_\_\_

Date Received: \_\_\_\_\_

# Of Agents: \_\_\_\_\_

\_\_\_ wm-rsa-01 \_\_\_ wm-rsa-02

\_\_\_ wm-rsa-03 \_\_\_ wm-rsa-04

Date Completed: \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

Payment Type: \_\_\_\_\_

Processed By: \_\_\_\_\_

Business Name: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ NV RSA # \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check Type of devices your agency has test standards for and is qualified to service, repair or install:

\_\_\_ SCALES/ CAPACITY \_\_\_

\_\_\_ METERS/ TYPE \_\_\_

\_\_\_ RETAIL FUEL DISPENSERS

\_\_\_ METERS/ LPG \_\_\_

☐ Please mark this box, if you would **NOT** like your company listed on the Consumer Equitability Website as available repair/servicemen.

List the service/repairmen in your employ authorized by your firm to install or repair weighting, measuring or metering devices in the State of Nevada. (use back of application for additional service/repairmen). There is a \$20.00 charge incurred for each listed.

NAME	HOME ADDRESS	PHONE #	YRS EXPERIENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all test standards and equipment below:

TEST STANDARDS	SERIAL No. / ID No.
_____	_____
_____	_____
_____	_____
_____	_____

I certify that we have the necessary standards and testing equipment to service those devices for which we are requesting registration. We have full knowledge of the applicable laws, specifically NRS 581 and NAC 581. I certify that I will operate in accordance with said laws and rules and that I may use only standards or testing equipment that has been certified.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OUT OF STATE COMPANIES: If your standards have been certified in a state other than Nevada, enclose a copy of the certification report.

**Charges for application - \$100.00 plus \$20.00 per agent listed.**

**Acceptable methods of payment: credit/debit card, check, money order and/or cash**



Nevada Department  
of Agriculture

## PLACED IN SERVICE PROCEDURES

To all Registered Service Agents/Agencies:

Nevada Administrative Code 581 specifically requires that any repair, adjustment or installation of a device must be reported to the Bureau of Weights and Measures within a certain time frame. This enables us to effectively schedule tests and inspections of new or repaired equipment in a timely and efficient manner

In the past, many RSA's have not bothered to follow these requirements. Excerpted from NAC 581:

**NAC 581.370 Duties of repairman.** (NRS 581.050, 581.067) A person who installs or male a repair or adjustment to a weighing or measuring device shall:

1. **Within 24 hours after installing the device or making repair or adjustment to the device, notify the State Sealer of Weights and Measures by oral communication** that the device has been installed or that the repair or adjustment has been made; and
2. **Within 5 days after installing the device or making the repair of adjustment to the device, submit to the State Sealer of Weights and Measures a written notification of the installation, repair or adjustment on a form prescribed by the State Sealer of Weights and Measures.**

Beginning 1 January 2010, for failure to inform Weights and Measures in any of the above circumstances, a fine of \$25.00 for each device will be imposed upon the RSA.

Example: If the RSA adjusts 10 devices and does not send in a "Placed in Service" report within the guidelines above and this is discovered by Weights and Measures inspectors, the RSA will be fined \$250.00

A subsequent or second violation will be raised to \$50.00 per device, then \$100.00 per device. After the third violation, the RSA may face an administrative hearing that could result in removal from the RSA program.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
DATE





Nevada Department  
of Agriculture

## REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE

Pursuant to NRS 581.1036\*\*

**\*\* Each licensing agency will insert its own applicable NRS section for reference.**

All applicants MUST complete this section. Please select ONE option.

☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

My Nevada business license number is: \_\_\_\_\_

☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.

☐ I do NOT have a Nevada business license number.

The **Bureau of Weights & Measures** is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov/>

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
DATE



Nevada Department  
of Agriculture

### CHILD SUPPORT INFORMATION

PLEASE MARK THE APPROPRIATE RESPONSE (FAILURE TO MARK ONE OF THE THREE WILL RESULT IN DENIAL OF THE APPLICATION).

\_\_\_\_\_ I AM NOT SUBJECT TO A COURT ORDER FOR THE SUPPORT OF A CHILD.

\_\_\_\_\_ I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM IN COMPLIANCE WITH THE ORDER OR AM IN COMPLIANCE WITH A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER; OR

\_\_\_\_\_ I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM NOT IN COMPLIANCE WITH THE ORDER OR A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER.

APPLICANT'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
DATE



Nevada Department  
of Agriculture

Las Vegas Phone: (702) 668-4546 Fax: (702) 668-4567

Billing Code: 4551-3601

Payment Type: ☐ Master Card ☐ Visa ☐ AMEX ☐ Discover Card

Payment Amount \$ \_\_\_\_\_

				-					-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--	---	--	--	--	--

Card Number

Expiration Date 

--	--

 / 

--	--

 Card Verification Value (CVV2) 

--	--	--	--

**Cardholder Information**

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_